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1. ASUHAN KEBIDANAN KOMPLEMENTER – KESEHATAN REPRODUKSI PADA WANITA USIA SUBUR (Metode Terapi Musik Terhadap Tingkat Kecemasan Ibu Pada Saat Dilakukan IVA Test) = LINK PUBLIKASI : https://jurnal.politeknik-Kebumen.ac.id/jurpikat/article/view/970/433

2. ASUHAN KEBIDANAN KOMPLEMENTER – PERSALINAN (Efektifitas Terapi Musik Dalam Menurunkan Kecemasan Pada Ibu Bersalin Kala I Fase Aktif) : https://www.ejurnalmalahayati.ac.id/index.php/MJ/article/view/14661

3. ASUHAN KEBIDANAN KOMPELEMENTER – PERSALINAN The Relationship Of Therapeutic Communication With The Level Of Anxiety Of Primigravida Mothers In Facing Labor) : https://ejurnalmalahayati.ac.id/index.php/kebidanan/article/view/13691

4. ASUHAN KEBIDANAN KOMPLEMNETER – NIFAS (EFFECTIVENESS OF OXYTOCIN MASSAGE OF BREAST MILK PRODUCTION IN POST PARTUM MOTHERS 0-7 DAYS AT TPMB N EAST JAKARTA, 2023)

1. **ASUHAN KEBIDANAN KOMPLEMENTER – KESEHATAN REPRODUKSI PADA WANITA USIA SUBUR (Metode Terapi Musik Terhadap Tingkat Kecemasan Ibu Pada Saat Dilakukan IVA Test) = LINK PUBLIKASI** : https://jurnal.politeknik-Kebumen.ac.id/jurpikat/article/view/970/433

Metode Terapi Musik Terhadap Tingkat Kecemasan Ibu Pada Saat Dilakukan IVA Test

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Abstrak: IVA test adalah suatu tindakan untuk mendeteksi secara dini pada kasus kanker serviks pada seorang perempuan dengan menggunakan metode Inspeksi Visual dengan Asam Asetat (IVA) yang dilakukan oleh tenaga kesehatan. Metode terapi menggunakan musik yaitu suatu proses yang dapat menghubungkan antara aspek penyembuhan musik pada kondisi pasien dengan situasi fisik/tubuh, emosi, mental, spiritual, kognitif dan kebutuhan sosial seseorang. pada ibu yang diberikan terapi musik 86,7% mengalami tingkat kecemasan ringan. Penulis dalam ini melakukan pengabdian kepada masyarakat dalam bentuk pemberian terapi musik pada saat pemeriksaan iva test pada ibu. Kegiatan ini dilakukan

pada di hari Sabtu, 28 Mei 2022 pada pukul 09.00-12.30 WIB dengan jumlah ibu yang dilakukan pemeriksaan sebanyak 15 orang. Pada kegiatan ini membuktian pentingnya terapi musik untuk mengurangi tingkat kecemasan ibu saat dilakukan pemeriksaan Iva Test.

Abstract: The IVA test is an action to detect early cervical cancer in a woman using the Visual Inspection with Acetic Acid (IVA) method carried out by health workers. The therapeutic method using music is a process that can connect aspects of healing music in the patient's condition with the physical/body situation, emotional, mental, spiritual, cognitive and social needs of a person. 86.7% of mothers who were given music therapy experienced mild anxiety levels. The author in this case does community service in the form of providing music therapy at the time of the iva test on the mother. This activity was carried out on Saturday, May 28, 2022 at 09.00-12.30 WIB with 15 mothers being examined. This activity proves the importance of music therapy to reduce maternal anxiety levels

Pendahuluan

Penyakit kanker merupakan salah satu jenis penyakit tidak menular yang ditandai dengan adanya sel yang abnormal yang bisa berkembang tanpa terkendali serta memiliki kemampuan untuk menyerang dan berpindah antar sel dan jaringan tubuh. *World Health Organization* (WHO) menyebutkan kanker sebagai salah satu penyebab kematian utama di seluruh dunia. (Kemenkes RI, 2019)

Di Indonesia, kanker leher rahim berada di peringkat pertama dari 10 Jenis penyakit kanker dengan presentase 25% (data dari 12 pusat patologi Indonesia tahun 1997), dan 36% dari kanker yang terjadi pada perempuan. Di RSCM, pada tahun 1998 (*Hospital Based Registry*) prevalensi kanker leher rahim menduduki peringkat pertama sebanyak 231 kasus (33,24% dari kasus keganasan lainnya) (Kemenkes RI, 2018).

Data yang bersumber dari Rumah Sakit Kanker Dharmais, terlihat pada tahun 2018, kasus kanker serviks sebesar 10,69. Upaya preventif yang telah dilakukan adalah dengan melakukan screening melalui metode Inspeksi Visual Asam Asetat (IVA). Upaya dalam screening tersebut menjadi salah satu program kerja yang terintegrasi dengan kegiatan di Puskesmas yang dilakukan pada perempuan usia 30-50 tahun. Upaya ini perlu dilakukan pada provinsi dengan cakupan rendah dalam hal screening iva test, salah satu nya provinsi Jawa Barat yang masih cukup rendah yaitu sebesar 3,02%. Selain pendekatan promotif dan preventif, upaya pengendalian kanker juga dapat dilakukan melalui pengobatan untuk kanker servik. (Kemenkes RI, 2019)

Pencegahan dini mencegah kanker servik yaitu melalui **pencegahan primer**, baik melalui upaya penyuluhan pada masyarakat, menerapkan prilaku hidup bersih dan sehat, tidak berganti ganti pasangan, serta dengan pemberian immunisasi HPV pada usia remaja sebelum kontak sexual (Kemenkes RI, 2019).

Terapi musik merupakan salah satu terapi yang menggunakan musik dengan sifat nonverbal (Djohan, 2006). Menurut Dayat Suryana (2012: 7) terapi musik yaitu terapi mengunakan aspek-fisik, emosional, mental, sosial, estetika dan spiritual untuk meningkatkan atau mempertahankan kesehatan mereka.

Peran musik bukan seperti obat yang dapat dengan segera dapat menghilangkan rasa cemas. Terapi ini juga tidak dengan segera mengatasi sumber penyakit. Efektivitas musik sebagai alat terapi akan terjadi apabila seorang terapis memiliki keterampilan yang memadai untuk menjadikan musik sebagai sarana yang tepat (Setiadi. 2012).

Salah satu cara untuk mengurangi tingkat kecemasan pada pasien yaitu menggunakanterapi musik, terapi musik digunakan secara lebih komprehensif termasuk untuk mengatasi rasa sakit, pada kasus manajemen stress dan kecemasan dan untuk menstimulasi pertumbuhan dan pengembangan bayi. Para ahli menyimpulkan bahwa hampir semua jenis musik dapat digunakan untuk musik terapi yang disesuaikan dengan kondisi emosi, keinginan pasien dan tidak lupa memperhatikan tingkat usia (Djohan, 2006).

Terapi musik bekerja menekan sistem saraf simpatik untuk penurunan respon stres tubuh dan memicu kerja otak untuk melepaskan hormon endorfin, meningkatkan kadar hormon dopamin, dan memblokir jalur nyeri, semua yang dapat membantu untuk meningkatkan rasa kesejahteraan (Lin, et all, 2011; Guetin,2009)

Terapi musik digunakan pada kondisi gangguan kejiwaan, cacat fisik, gangguan sensorik, masalah medis, masalah penuaan, meningkatkan konsentrasi belajar, mendukung latihan fisik, cacat perkembangan serta mengurangi stres dan kecemasan (Dayat Suryana, 2012).

Upaya untuk mencegah terjadinya kanker serviks maka petugas kesehatan dalam hal ini berperan memberikan penyuluhan kesehatan tentang pentingnya pemeriksaan Iva Test. Berdasarkan survey pendahuluan dari 5 pasien yang disurvey tanpa menggunakan terapi musik, keseluruhan ibu pada tingkatan cemas tinggi dan takut saat dilakuka iva test oleh bidan, sedangkan untuk ibu yang diberikan terapi musik saat dilakukan pemeriksaan iva test 80% ibu mengalami tingkatan kecemasan ringan. Dari masalah ini, penulis selaku bidan melakukan terapi musik kepada ibu-ibu yang akan melakukan pemeriksaan iva test dan diharapkan ibu-ibu tidak merasa cemas dan lebih tenang saat dilakukan pemeriksaan.

Metode

Kegiatan pengabdian kepada masyarakat ini dilakukan pada 28 Mei 2022 pukul 09.00-11.30 yang dilaksakan di Klinik PBM Titim Adrianingsih, SSiT, M.Kes. Subyek dalam kegiatan ini yaitu 30 ibu yang sudah menikah. Metode pengabdian masayarakat dengan kegiatan nya yaitu melakukan pemeriksaan iva test tanpa menggunakan terapi musik dan menggunakan terapi musik saat dilakukan

pemeriksaan yang diharapkan berguna untuk mengurangi tingkat kesemasan pada ibu saat dilakukan pemeriksaan.

Gambar 1. Alur Pengabdian Kepada Masyarakat Tentang Terapi Musik Terhadap Tingkat Kecemasan Ibu Saat Dilakukan Pemeriksaan Iva Test

Hasil dan Pembahasan

Pelaksanaan kegiatan Pengabdian Kepada Masyarakat yang telah dilaksanakan menunjukan bahwa pada ibu yang diberikan terapi musik saat dilakukan pemeriksaan iva test didapakan hasil bahwa tingkat kecemasa ibu saat dilakukan pemeriksaan iva test yaitu pada tingkatan kecemasan ringan (86,7%), sedangkan ibu yang tidak diberikan teapi musik tingka kecemasan ibu yaitu pada tingkatan sedang (73,3%). Hasil pada kegiatan ini didapatkan bahwa terapi musik pada ibu saat dilakukan tindakan pemeriksaan iva test membuat ibu lebih tenang dan tidak mengalami kecemasan yang diakibatkan rasa takut saat dilakukan pemeriksaan.

Gambar 2. Kegiatan saat melakukan tindakan pemeriksaan iva test

Tabel

Tabel 1. Hubungan Terapi Musik Dengan Tingkat Kecemasan Pasien

Status Terapi	Tingkat Kecemasan Pasien				Total	
	Ringan		Sedang			
	n	%	N	%	n	%
Tidak Diberikan Musik	4	26,7	11	73,3	15	100
Diberikan Terapi Musik	13	86,7	2	6,5	15	100

Hasil kegiatan pengabdian kepada masyarakat ini sesuai dengan teori terdahulu yang menyatakan bahwa terapi musik secara komprehensif bermanfaat untuk mengatasi rasa sakit, management stress, patostimulasi pertumbuhan dan perkembangan bayi. Peran musik tentunya bukan seperti obat yang dapat dengan segera dapat menghilangkan rasa cemas. Musik juga tidak dengan segera mengatasi penyakit. Efektivitas musik sebagai alat terapi apabila terapis memiliki keterampilan yang memadai untuk menjadikan musik sebagai sarana yang tepat untuk pengobatan (Setiadi. 2012)

Penanganan kecemasan dengan pemberian terapi farmakologi seperti antiansietas atau antidepresan (Kaplan dan Sadock, 2010). Selain terapi farmakologi, sekarang juga telah banyak dikembangkan terapi nonfarmakologi dalam mengurangi tingkat kecemasan perawat dapat melakukan tindakan mandirinya yaitu menggunakan terapi musik (Natalina, 2013).

Kesimpulan

Pada kegiatan pengabdian kepada masyarakat menunjukan bahwa bahwa setelah diberikan intervensi dengan terapi musik dan tanpa diberikan terapi menunjukan perbedaan tingkat kecemasan yaitu pada ibu yang diberikan terapi musik yaitu menunjukan tingkat kecemasanya ringan saat dilakukan pemeriksaan iva test sedangkan pada ibu yang tidak diberikan terapi musik, ibu mengalami tingkat kecemasan sedang, sehingga penulis dalam hal ini menyimpulkan bahwa dengan pemberian terapi musik, tingkatan kecemasa ibu ringan. Diharapkan dengan adanya kegiatan ini, semoga pelaksana kegiatan pengabdian kepada masyarakat selanjutnya dapat mengembangkan kembali terapi musik dengan kegiatan pengabdian kepada masyarakat saat melakukan tindakan pemeriksaan kepada pasien, agar pasien tidak merasa cemas dan cukup tenang saat dilakukan pemeriksaan oleh bidan atau tenaga kesehatan lainnya.

Ucapan Terima Kasih

Referensi

Campbell, D. (2001). Efek mozart memanfaatkan kekuatan musik untuk mempertajam pikiran, meningkatkan kreativitas, dan menyehatkan tubuh. Jakarta: PT Gramedia Utama

Djohan. (2006). Terapi Musik (teori dan aplikasi). Yogyakarta: Galang Press

Dayat Suryana. (2012). Terapi Musik. http://books.google.co.id /books? id=fuCO5gqmoVcC&printsec=frontcover&hl=id&source=gbs_vpt_buy# v=onepage&q&f=false.

Guetin, S. (2009). Impact of Music Therapy On Anxiety And Depression For Patients with Alzheimer's Disease and an The Burden Felt By The Main Caregiver

(feasibility study). *Enchephale journal Vol. 35: 57-65.* French. **https://www.ncbi.nlm.nih.gov/pubmed/19250995**.

Kaplan dan Sadock. (2010). *Sinopsis Psikiatri*. Tanggerang: Binarupa Aksara

Natalina, Dian. (2013). *Terapi Musik Bidang Keperawatan*. Jakarta: Mitra Wacana Medika

Guetin, S. (2009). Impact of Music Therapy On Anxiety And Depression For Patients with Alzheimer's Disease and an The Burden Felt By The Main Caregiver (feasibility study). *Enchephale journal Vol. 35: 57-65.* French. **https://www.ncbi.nlm.nih.gov/pubmed/19250995**.

Kemenkes RI. 2019.. Pusdatin. Beban Kanker Di Indonesia. . **https://pusdatin.kemkes.go.id/download.php?file=download/pusdatin/infodatin/Infodatin-Kanker-2019.pdf**

Kemenkes RI. 2018. *1542 WUS lakukan Deteksi Dini Kanker Leher Rahim dan Kanker Payudara dengan IVA test dan Sadanis di 15 Kelurahan Tingkat Kota Cimahi* *http://p2ptm.kemkes.go.id/post/1542-wus-lakukan-deteksi-dini-kanker-leher-rahim- dan-kanker-payudara-dengan-iva-test-dan-sadanis-di-15-kelurahan-tingkat-kota- cimahi*

Setiadi. 2012. Konsep&Penulisan Dokumentasi Asuhan Keperawatan Teori dan Praktik . Yogyakarta : Graha Ilmu

2. **ASUHAN KEBIDANAN KOMPLEMENTER – PERSALINAN (Efektifitas Terapi Musik Dalam Menurunkan Kecemasan Pada Ibu Bersalin Kala I Fase Aktif) :**

https://www.ejurnalmalahayati.ac.id/index.php/MJ/article/view/14661

EFEKTIFITAS TERAPI MUSIK DALAM MENURUNKAN KECEMASAN PADA IBU BERSALIN KALA I FASE AKTIF

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ABSTRACT : THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING ANXIETY IN PARTICULAR WOMEN IN THE 1ST ACTIVE PHASE

Background Anxiety in the early stages of delivery is caused by fear of giving birth. Fear of increasing pain, fear of damage or disruption of body shape such as episiotomy, tears, stitches or caesarean section, also the mother is afraid of hurting her child. The mother's understanding of childbirth is a very important factor that influences mobility or not. Mothers who suffer from anxiety or stress influence the hypothalamus to stimulate the adrenal glands which control the pituitary gland. Music therapy is a process that connects the healing aspects of music with conditions and situations of physical, emotional, spiritual, spiritual, cognitive and social needs. The aim of this research is to determine the effect of music therapy in reducing anxiety in mothers giving birth during the first active phase. The data collection method uses primary data. This type of research is quantitative research using quasi experimental design, pre test-post test design, namely before and after music therapy is given. The sample for this study was 30 normal primigravida mothers giving birth at TPMB T for 2 months. This research uses a sampling technique, namely purposive sampling

The results of the level of mild anxiety were 56.7%.

Conclusion There is a significant relationship between the provision of music therapy and the level of anxiety in mothers giving birth with a p value (0.003) and OR (0.056).

Suggestions: It is hoped that midwives, in this case health workers who provide health services in practice, will carry out music therapy which will be useful for reducing anxiety levels when mothers give birth.

Keywords: Childbirth, music therapy, anxiety level

ABSTRAK

Latar Belakang Kecemasan pada tahap awal persalinan disebabkan oleh rasa takut melahirkan. Takut akan rasa sakit yang meningkat, takut akan kerusakan atau gangguan bentuk tubuh seperti episiotomi, robekan, jahitan atau operasi caesar, juga Sang ibu takut menyakiti anaknya. Faktor pemahaman ibu tentang persalinan merupakan faktor yang sangat penting yang mempengaruhi mobilitas atau tidak. Ibu yang menderita kecemasan atau stres memengaruhi hipotalamus untuk merangsang kelenjar adrenal yang mengontrol kelenjar pituitari. Terapi musik adalah proses yang menghubungkan aspek penyembuhan musik dengan kondisi dan situasi kebutuhan fisik, emosional, spiritual, spiritual, kognitif dan sosial.

Tujuan penelitian ini yaitu untuk mengetahui pengaruh Terapi Musik Dalam Menurunkan

Kecemasan pada ibu bersalin pada kala I Fase Aktif. Jenis penelitian ini yaitu survey analitik dengan pendekatan *Quasi Experimental Design* yaitu dengan melihat sebelum dan sesudah diberikan terapi music dengan sampel yaitu 30 orang. Variabel dependen adalah tingkat kecemasan.Variabel independen adalah terapi musik. Data dianalisis secara univariat dan bivariat dengan uji statistik *chi square*.

Metode pengumpulan data menggunakan data primer, Jenis penelitian ini adalah penelitian kuantitatif dengan menggunakan *quasy eksperimental* design jenis pre test-post test design yaitu sebelum dan sesudah diberikan terapi musik. Sampel penelitian ini adalah ibu bersalin normal primigravida di TPMB T sebanyak 30 responden selama 2 bulan. Penelitian ini menggunakan teknik pengambilan sampel yaitu *purposive sampling*

Hasil tingkat kecemasan ringan sebanyak 56,7%.

Kesimpulan Ada hubungan yang signifikan antara pemberian terapi musik dengan tingkat kecemasan pada ibu bersalin dengan nilai p (0,003) dan OR (0,056).

Saran Diharapkan bidan dalam hal ini tenaga kesehatan yang memberikan pelayanan kesehatan di tempat praktik untuk melakukan terapi musik yang akan berguna untuk mengurangi tingkat kecemasan pada saat ibu bersalin.

Kata Kunci : Persalinan, Terapi musik, tingkat kecemasan

PENDAHULUAN

Angka Kematian Ibu (AKI) adalah jumlah kematian ibu selama kehamilan, persalinan dan persalinan karena kehamilan, persalinan dan persalinan atau perawatan yang bukan karena sebab lain seperti kecelakaan, dan jatuh, per 100.000 kelahiran hidup. Secara global, AKI digunakan sebagai indikator untuk mengukur keberhasilan upaya kesehatan ibu di suatu negara atau wilayah (Kemenkes RI, 2015). Di Indonesia, hampir 20.000 kematian ibu setiap tahunnya akibat komplikasi kehamilan dan persalinan (Kemenkes RI, 2014). Menurut data Survei Demografi dan Kesehatan Indonesia (SDKI) 2015 yang dilakukan oleh Badan Pelaksana Survei (BPS), AKI di Indonesia adalah 305 kematian. lebih dari 100.000 kelahiran hidup. Angka ini cukup tinggi karena melebihi target yang ditetapkan yaitu 102 kematian per 100.000.[1]Persalinan adalah proses dimana serviks terbuka dan menipis, dan janin turun melalui jalan lahir. Kelahiran adalah proses keluarnya janin dan cairan ketuban melalui jalan lahir. Persalinan normal adalah proses keluarnya janin yang terjadi cukup bulan (37-42 minggu), persalinan normal dengan posisi pertama posterior, berlangsung dalam waktu 18 jam, tanpa komplikasi bagi ibu dan bayi. Janin.[4]

Nyeri persalinan normal dapat menimbulkan stres dan dapat menyebabkan pelepasan hormon yang berlebihan seperti katekolamin dan steroid, yang dapat menyebabkan vasokonstriksi otot polos dan pembuluh darah, sehingga terjadi penurunan kontraktilitas, serta iskemia Uterus menyebabkan impuls uterus yang meningkatkan nyeri. selama persalinan.[5]Nyeri persalinan dapat ditangani dengan terapi komplementer seperti teknik relaksasi dan pernapasan, efusi dan tekanan sakral, hidroterapi, stimulasi saraf listrik transkutan (TENS) dan teknik seperti hipnoterapi, pijat, akupresur, aromaterapi, yoga, dan terapi taktil (Wiknjosastro H. 2017).

pendekatan nonfarmakologis pereda nyeripersalinan yang dapat dilakukan perawat, antara lain relaksasi, teknik pernapasan, pemusatan perhatian, olahraga, terapi suara musik, pijat, akupresur, akupunktur.[7] Salah satu cara yang digunakan untuk Pereda nyeri selama persalinan dan yang kurang umum digunakan dalam praktik keperawatan adalah terapimusik. Terap musikadalah upaya peningkatan kualitas fisik dan mental dengan stimulasi suara yang meliputi melodi, ritme, harmoni, bentuk dan gaya yang diatur untuk menjaga kesehatan fisik dan mental (Purwanto, Budhi. (2013)) Penelitian yang dilakukan oleh Livana dkk (2017) menunjukan Hasil analisis data menunjukkan rata-rata nyeri persalinan sebelum terapi musik

Dalam upaya mengatasi nyeri, banyak adalah 3,20 dengan standar deviasi 0,610. Penurunan setelah dilakukan terapi musik rata-rata 2,47 dengan standar deviasi 0,507. Kemudian untuk menentukan nilai p dengan uji Wilcoxon sehingga hasilnya sig (dua ujung = 0,000). Hasil ini lebih rendah dari taraf signifikansi pasti 0,05, artinya berpengaruh terhadap keparahan nyeri persalinan kala 1 periode laten setelah terapi musik.

Hasil penelitian pendahuluan yang dilakukan oleh peneliti melalui wawancara terhadap 5 pasien menunjukkan bahwa 3 pasien mengalami nyeri berat saat persalinan dan 2 pasien mengalami nyeri sedang. Dengan latar belakang tersebut, diperlukan penelitian untuk mengetahui keefektifan terapi musik dalam menurunkan nyeri pada proses persalinan kala I fase aktif pada primigravida di TPMB T.

METODE PENELITIAN

Jenis penelitian ini adalah penelitian kuantitatif dengan menggunakan *quasy eksperimental* design jenis pre test-post test design yaitu sebelum dan sesudah diberikan terapi musik. Sampel penelitian ini adalah ibu bersalin normal primigravida di TPMB T sebanyak 30 responden selama 2 bulan. Penelitian ini menggunakan teknik pengambilan sampel yaitu *purposive sampling.* Jenis data

yang digunakan dalam penelitian ini menggunakan data primer dan sekunder. Penelitian dilakukan di TPMB T. Data dianalisis menggunakan uji Wilcoxon. Instrument Kecemasan dapat diukur dengan menggunakan alat ukur yang disebut HARS (Hamilton Anxiety Rating Scale). Skala ini adalah pengukuran kecemasan yang didasarkan pada munculnya symptom pada individu yang mengalami kecemasan.

HASIL

Tabel 1

Tingkat Kecemasan Pada Ibu Bersalin Sebelum Diberikan Terapi Musik

Tingkat Kecemasan	N	%
Kecemasan Sedang	8	26,7
Kecemasan Berat	22	63,3

Pada tabel 1 menunjukan bahwa tingkat kecemasann pada proses persalinan kala I fase aktif sebelum dilakukan terapi musik mayoritas responden dalam tingkat nyeri berat.

Tabel 2

Tingkat Kecemasan Pada Ibu Bersalin Sesudah Diberikan Terapi Musik

Tingkat Kecemasan	N	%
Kecemasan Sedang	24	80
Kecemasan Berat	6	20

sesudah diberikan dilakukan terapi musik mayoritas responden dalam tingkat nyeri sedang.

Pada tabel 2 menunjukan bahwa tingkat ecemasan pada proses persalinan kala I fase aktif

Tabel 3

Rata-rata tingkat kecemasan persalinan kala1 fase aktif sebelum dan setelah dilakukan terapi musik

Variabel	Mean	Std.Deviation	N	Sig (2-tailed)
Sebelum diberikan terapi music	1,73	0,450	30	0,000
Setelah diberikan terapi musik	1,20	0.407	30	0,000

Hasil analisis data penelitian menunjukkan bahwa rata-rata kecemasan sebelum diterapi dengan musik adalah 1,73 dengan standar deviasi 0,450. Penurunan yang dialami setelah dilakukan terapi musik rata-rata 1,20 dengan standar deviasi 0,407. Kemudian untuk menentukan *p value* menggunakan uji wilcoxon sehingga didapatkan hasil sig (2-tailed=0,000). Hasil ini lebih kecil dari signifikansi yang ditetapkan yaitu 0,05 , yang berarti ada pengaruh tingkat kecemasa kala 1 fase aktif setelah pemberian terapi musik.

PEMBAHASAN

Penelitian ini mengunakan responden 30 ibu bersalin primigravida, didapatkan hasil bahwa ibu bersalin fase I aktif mengalami tingkat kecemasan berat sebelum diberikan terapi music sebesar 63,7%, namun pada saat ibu diberikan terapi music makan ibu bersalin primigravida mengalami tingkat

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kecemasan yang ringan yaitu sebesar 80%. Dan didapatkan hasil p-value pada penelitian ini yaitu 0,000 sehingga dapat diartikan terdapat pengaruh terapi music terhadap tingkat kecemasa ibu selama proses persalinan kala I fase Aktif.

Hasil penelitian ini sesuai dengan penelitian Sari Wahyuni, dkk (2020) yaitu didapatkan Hasil uji Wilcoxon menunjukkan hasil bahwa tingkat kecemasan ibu bersalin antara sebelum dan setelah diberikan terapi musik klasik didapatkan uji hipotesis bermakna p-value (0,001).

Hasil penelitian ini juga sejalan dengan penelitian Betanuar Sabda Nirwana (2022), Hasil penelitian menunjukkan mayoritas responden mengalami kecemasan berat yaitu sebanyak 12 orang (60%). Setelah diberikan perlakuan musik klasik sebagian besar responden merasakan kecemasan ringan yaitu sebanyak 11 responden (55%). Hasil uji statistik Wilcoxon rank test dari perhitungan dengan SPSS memberikan hasil 0,001, lebih rendah dari yang dipersyaratkan atau <; 0,05 harus menolak H0 dan menerima H1. Kesimpulan dari penelitian ini adalah terapi musik klasik efektif dalam menurunkan kecemasan pada ibu yang baru pertama kali melahirkan di Puskesmas Gemarang Kecamatan Kedunggalar Kabupaten Ngawi.

Kecemasan adalah keadaan ditandai dengan kecemasan yang menyertainya gejala somatik menunjukkan aktivitas ekspresi berlebihan dari sistem saraf automatic (SSA). Kecemasan adalah gejala umum sekalipun tidak spesifik tetapi biasanya fungsi emosi (Kaplan & Sadock, 1998) di (Rahmi, 2013). Khawatir adalah satu faktor utama yang mempengaruhi persalinan dan menginduksi dilatasi tidak terlalu mulus. Dampak kecemasan bisa nyeri saat persalinan dan Hal ini menyebabkan kontraksi dan pelebaran rahim serviks yang buruk. Khawatir menyebabkan kontraksi uterus yang mengarah ke pembuluh darah rahim berkurang dan ini menurunkan kontraksi uterus Akibatnya, waktu kerja juga bertambah (Mochtar,2002) dalam (Rahmi, 2013).

Terapi music dapat menurunkan tingkat kecemasan terlihat pada penurunan tegangan,pernapasan, tekanan darah, denyut nadi (respons fisiologis). Namun, setelah terapi music Setelah akhirnya, pasien dihadapkan lagi dalam realitas kelahiran yang akan datang hadapi, maka kecemasan itu datang kembali meningkatkan. Eksperimen saat memasuki tahap kedua pasien merasa cemas lagi, itu dapat diketahui bila peneliti menengok ke belakang kecemasan ibu selama persalinan parsial faktor yang dipelajari kemudian pasien mengeluh kurang tidur, sering buang air kecil dan lain-lain dan lain-lain.

KESIMPULAN

Hasil penelitian ini menunjukan bahwa tingkat kecemasann pada proses persalinan kala I fase aktif sebelum dilakukan terapi musik mayoritas responden dalam tingkat kecemasan berat dan sesudah diberikan dilakukan terapi musik mayoritas responden dalam tingkat kecemsan sedang. Hasil penelitian ini juga menunjukan rata-rata kecemasan sebelum diterapi dengan musik adalah 1,73 dengan standar deviasi 0,450. Penurunan yang dialami setelah dilakukan terapi musik rata-rata 1,20 dengan standar deviasi 0,407. Kemudian nilai *p-value* menggunakan uji wilcoxon sehingga didapatkan hasil sig (2-tailed = 0,000). Hasil ini lebih kecil dari signifikansi yang ditetapkan yaitu 0,05, yang berarti ada pengaruh tingkat kecemasa kala 1 fase aktif setelah pemberian terapi musik. Dengan hasil penelitian ini diharapkan tenaga kesehatan atau dalam hal ini memberikan terapi music pada ibu bersalin pada saat proses persalinan kala I fase aktif, sehingga ibu bersalin tidak terlalu cemas atau dalam hal in stress selama proses persalinan berlangsung.

DAFTAR PUSTAKA

Betanuar Sabda Nirwana, Dkk (2022). Efektivitas Terapi Musik Klasik Terhadap Penurunan Kecemasan Pada Ibu Inpartu Kala I. Https://Ojs.Unik-Kediri.Ac.Id/Index.Php/Jubitar/Article/View/2 195/2315

Judha, Dkk. (2012) . Teori Pengukuran Nyeri & Nyeri Persalinan. Yogyakarta: Nuha Medika.

Kementerian Kesehatan RI. Profil Kesehatan Indonesia 2014.

Kementerian Kesehatan RI. Profil Kesehatan Indonesia 2015. Jakarta: Kementerian Kesehatan RI; 2016.

Livana.Dkk. 2017. EFEKTIFITAS TERAPI MUSIK PADA NYERI PERSALINAN KALA I FASE LATEN. Jurnal Ners Widya Husada Volume 4 No 2, Hal 47 - 52, Juli 2017, P-ISSN 2356-3060 Program Studi S1 Ilmu Keperawatan, Sekolah Tinggi Ilmu Keperawatan (STIKES) Widya HusadaSemarang.Http://Download.Garuda.Kemdikbud.Go.Id/Article.Php?Article=1704403&Val=1 8507&Title=Efektifitas%20Terapi%20Musik%20pada%20Nyeri%20Persalinan%20Kala %20I%20Fase%20Laten

Purwanto, Budhi. (2013) . Herbal Dan Keperawatan Komplementer. Yogjakarta: Numed

Rahmi C, Ismail. 2013. Hubungan Tingkat Kecemasan Dan Kelancaran Proses Persalinan Pada Ibu Primigravida Di RSIA Banda Ace Tahun 2013. Stikes Ubudiyah Banda Aceh

Rahmita, H., Wiji, R. N., & Rahmi, R. (2018). Efektivitas Aromaterapi Untuk Menurunkan Nyeri Persalinan Di Bpm Rosita Kota Pekanbaru. Al-Insyirah Midwifery Jurnal Ilmu Kebidanan (Journal Of Midwifery Sciences), [Internet]. 7(2), 53–57. Tersedia Pada: Https://Jurnal.Stikes- Alinsyirah.Ac.Id/Index.Php/Kebidanan/Article /View/61.

Sagita, Y., & Martina, M. (2019). Pemberian Aroma Terapi Lavender Untuk Menurunkan Intensitas Nyeri Persalinan. Wellness And Healthy Magazine, 1(2), 151-156. Doi:Https://Doi.Org/10.30604/Well.26122019

Sari Wahyuni, Dkk. Efektifitas Terapi Murottal-Qur'an Dan Musik Klasik Terhadap Tingkat Kecemasan Ibu Bersalin Di Bidan Praktik Mandiri (Bpm) Teti Herawati Palembang. Jurnal Keperawatan Suaka Insan (JKSI) Vol. 5, No. 2, Desember 2020.

Wiknjosastro H. 2017. Ilmu Kebidanan. Edisi Ke-4. Jakarta: Yayasan Bina Pustakia Sarwono Prawirohardjo

THE RELATIONSHIP OF THERAPEUTIC COMMUNICATION WITH THE LEVEL OF ANXIETY OF PRIMIGRAVIDA MOTHERS IN FACING LABOR

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ABSTRAK : HUBUNGAN KOMUNIKASI TERAPEUTIK DENGAN TINGKAT KECEMASAN IBU PRIMIGRAVIDA DALAM MENGHADAPI PERSALINAN

Pendahuluan: Di Indonesia 107.000 ibu hamil mengalami kecemasan dalam menghadapi persalinan. Kecemasan lebih banyak dialami pada ibu hamil Primigravida(Kehamilan pertama) dibandingkan ibu hamil MultigravidaFaktor yang mempengaruhi proses lama persalinan antara lain, faktor *power* (kekuatan mengedan ibu), *passage* (jalan lahir), *passanger* (bayi), *psyche* (kejiwaan ibu) dan *provider* (penolong). Salah satu faktor yang berpengaruh terhadaap keselamatan persalinan adalah faktor kecemasan pada saat proses persalinan. Kecemasan dan ketakutan dapat mengakibatkan rasa nyeri yang hebat dan juga dapat mengakibatkan menurunnya kontraksi uterus, sehingga persalinan akan bertambah lama.

Tujuan: Tujuan dalam penelitian untuk mengetahui hubungan komunikasi terapeutik dengan tingkat kecemasan ibu primigravida dalam menghadapi persalinan.

Metode: Penelitian ini merupakan jenis penelitian analitik dengan desain penelitian cross sectional. populasi adalah seluruh ibu bersalin primigravida di RS TK IV Cijantung Kesdam Jaya Tahun 2023 sebanyak 30 orang. Sampel penelitian ini adalah seluruh ibu hamil primigravida menjelang persalinan di RS TK IV Cijantung Kesdam Jaya pada Bulan Januari dan Februari 2023 sebanyak 30 responden. Teknik pengambilan sampel dalam penelitian ini adalah purposive sampling. Analisis data dengan *Chi Square*..

Hasil Penelitian: tingkat kecemasan ibu primigravida dalam menghadapi persalinan mayoritas tingkat kecemasan responden 43,3%. Dari hasil uji statistik didapatkan nilai P value = 0,000.

Kesimpulan: Penelitian ini menunjukan bahwa terdapat hubungan komunikasi terapeutik dengan tingkat kecemasan ibu primigravida dalam menghadapi persalinan.

Saran : dari hasil penelitian ini diharapkan pihak rumah sakit dapat meningkatkan pelayanan kesehatan pada ibu bersalin dengan mengelola pelaksanaan komunikasi terapeutik oleh bidan dalam memberikan asuhan pada ibu pada masa persalinan

ABSTRACT

Introduction: In Indonesia, 107,000 pregnant women experience anxiety when facing childbirth. Anxiety is experienced more often in Primigravida pregnant women (first pregnancy) than in Multigravida pregnant women Factors that influence the length of the labor process include power factors (mother's pushing strength), passage (birth canal), passanger (baby), psyche (mother's psychology) and provider (helper). One of the factors that influences the safety of childbirth is anxiety during the birth process. Anxiety and fear can cause severe pain and can also result in decreased uterine contractions, so that labor will take longer.

Objective: The aim of the research is to determine the relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing childbirth.

Method: This research is an analytical type of research with a cross sectional research design. The population is all 30 primigravida mothers giving birth at TK IV Cijantung Kesdam Jaya Hospital in 2023. The sample for this research was all primigravida pregnant women approaching delivery at TK IV Cijantung Kesdam Jaya Hospital in January and February 2023, totaling 30 respondents. The sampling technique in this research is purposive sampling. Data analysis with Chi Square.

Results: The anxiety level of primigravida mothers in facing childbirth, the majority of respondents' anxiety level was moderate 43.3%, result tatistical test was found that P value = 0.000.

Conclusion: This research shows that there is a relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing childbirth.

Suggestion: Further to the results of this research, it is hoped that the hospital will improve health services for birthing mothers by managing the implementation of therapeutic communication by midwives in providing care to mothers during labor.

INTRODUCTION

According to WHO (2023) aternal mortality is very high. About 287,000 women died during and after pregnancy and childbirth in 2020. Nearly 95% of all maternal deaths occurred in low-and middle - income countries in 2020, and most were preventable (WHO, 2023).

Several factors that influence the length of the labor process include power factors (mother's pushing strength), journey (birth canal), passenger (baby), soul (mother's psychology) and provider (helper). Power factors include the mother's strength to push during labor and HIS delivery, trajectory factors include pelvic type, pelvic size, Chepalo Pelvic Disproportional (CPD), weak birth canal abnormalities, hanging stomach. Passenger factors include large fetus, fetal weight, abnormality, presentation or position of the fetus. Psychological factors include anxiety, fatigue, exhaustion, and worry. Provider factors include epidural analgesia, lying position (Mochtar,2013).

One of the factors that influences the safety of childbirth is anxiety during the birth process. Anxiety that occurs in pregnant women can affect the health of the mother and the fetus she is carrying. In this case, parity is one of the coping mechanisms that influences the level of anxiety in facing the birthing process. Mothers who give birth surgically experience different anxiety compared to mothers who give birth normally (Ambar, 2011).

In Indonesia, 107,000 pregnant women experience anxiety when facing childbirth. Anxiety is experienced more often in Primigravida pregnant women (first pregnancy) than in Multigravida pregnant women (Novitasari, 2013). Anxiety can arise, especially in the third trimester of pregnancy until delivery, where during this period pregnant women feel anxious about various things. In general, mothers experiencing pregnancy for the first time will feel anxious because pregnancy is a new experience and anxiety cannot be avoided from everyday life. A study shows that pregnant women with high levels of anxiety have a risk of giving birth to premature babies and even miscarriage (Astria, 2009)

Anxiety in primigravida pregnant women can arise in the third trimester before labor, during this period pregnant women feel anxious about various things such as normal or abnormal babies being born, pain that will be felt, and so on (Usman et all,2016) With the labor approach, especially in your first pregnancy, it's natural to feel anxious or afraid because pregnancy is a new experience (Maimunah, 2009).Childbirth is a phenomenon that every married couple looks forward to. For this reason, it is necessary to provide moral and material support that must be provided by the family, husband, and society for the welfare of the mother and fetus in her womb. However, when heading into the delivery process, pregnant women will feel mixed feelings. In addition to being impatient to see the baby born, the mother will also feel fear and anxiety in the face of her delivery (Maryunani, 2015).

Anxiety and fear can cause severe pain and can also result in decreased uterine contractions, so that labor will take longer. (Trisiani, 2016). Anxiety can be felt by everyone if they experience pressure and deep feelings that cause psychiatric problems and can develop in the long term (Shodiqoh, 2014). Anxiety is believed to be a common mental problem in pregnant women, including being more present in the third trimester of pregnancy. Higher levels of anxiety in the third trimester of pregnancy may be related to the closeness of childbirth, which is perceived by some pregnant women as a vulnerable moment and capable of triggering feelings of fear (Silva et al., 2017). The same thing was revealed by Hasim (2018) in his research, where anxiety in pregnancy, if not overcome as

soon as possible, will have a negative impact on the mother and fetus

The most commonly associated theory regarding childbirth anxiety is the pain felt by the mother during the labor process. The relationship between pain and anxiety is a positive correlation that is interconnected like a spiral whose tip is enlarged. The effect of anxiety on a spiral-like patterned pain whose tip is enlarged. The more advanced the labor process, the mother's feelings will become more anxious, and the anxiety causes more intense pain, and vice versa (Sariati, 2016). When the mother in labor feels anxious, the body will spontaneously release catecholamine hormones (Hartati & Sumarni, 2017). The increase in this hormone will cause vasoconstriction of blood vessels so that it can increase maternal blood pressure, decrease blood flow to the uterus, decrease uteroplacental flow, and decrease uterine activity so that it can cause prolonged labor (Potter & Perry, 2019). Maternal psychopathological symptomatology

during pregnancy constitutes a significant risk factor for the well-being of the newborn. In particular, both prenatal anxiety and depression negatively affect the clinical aspects of the labor experience and, indirectly, the APGAR index (Smorti et al, 2021).

Not only that, the adverse effects of excessive anxiety on pregnant women when facing childbirth were also revealed by Ramos et al., (2022) that pregnant women who experience excessive anxiety tend to have a shorter gestational age due to corticotropinreleasing hormone activity in the placenta. It is explained that an increase in pCRH occurs between the second and third trimesters compared to the beginning of pregnancy. In addition, a sharper increase in pCRH from the beginning of pregnancy to the third trimester of pregnancy can be triggered by excessive anxiety. High levels of pCRH in the

placenta can "ripen" all conception results systematically and lead to a shorter gestational age. Generally, this event is called the pregnancy clock (Ramos et al, 2022).

In this study (Whing Cheung,et all,2020) one caregiver usually took care of more than one woman during labour at any given time. Besides environmental influences, the support of the caregiver is vital to the feelings of control in the women during labour (Wing Cheung, et all (2020)). This was reinforced by Hodnett and Osborn (1989) who studied labouring women receiving continuous one-to-one caregiver support during labour. Hodnett and Osborn (1989) reported higher LAS mean score (151.3 SD=26.4) than the Chinese women during labour in the current study. This suggested that there would have been room for improvement in the current midwifery practice in Hong Kong, with the objectives for balancing economic constraints while providing quality care. Heavy reliance on a technological and medicalised approach to birth at the study unit may reflect that the administrative health policies do not value or understand the time intensiveness of being with women, and this may influence women's satisfaction and their postnatal health and well-being. Midwives are encouraged to initiate dialogue with obstetricians to look for ways of improving women's birth environment.

Midwives have the authority to provide care to patients, which includes prevention, health promotion, disease detection and even first aid needed by the patient. In providing midwifery care, midwives also have the authority to provide communication, information and education (KIE) topatients. In this case, what the patient needs is therapeutic communication. Therapeutic communication has a long-term effect, where the patient will feel more comfortable and trust the midwife, the patient will obey the recommendations given by the midwife so that the patient will recover more quickly and the

birth process will be faster. However, if there is no good interaction between the patient and the midwife, serious problems can occur. Midwives who don't smile enough, are less friendly and don't give enough explanations will have a negative impact, which can cause prolonged labor. Patients will feel uncomfortable and even threatened by the midwife's attitude (Permatasari, 2016)

Based on a preliminary study at the TK IV Cijantung Kesdam Jaya Hospital, it is known that the number of births on August 2022 was 24, of which 12 were spontaneous labor and 12 were SC, in September there were 9, 3 were spontaneous and SC were 6 and in October there were 6 15 people, of which 7 people had spontaneous parturition and 8 people had SC. If we look at the number of births, it is known that many respondents chose SC delivery, one of which was because mothers who gave birth chose SC because they felt anxious because of the excruciating pain before delivery, so many decided to have SC immediately.

RESEARCH METHODS

The aim of this study was to determine the relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing childbirth, using cross sectional design.

This research was conducted in TK IV Cijantung Kesdam Jaya Hospital. The sampling technique in this research is purposive sampling, namely by taking research subjects according to the sample criteria within a time limit of one month. The use of therapeutic communication by midwives to mothers giving birth and determining the level of anxiety using a questionnaire and the total sampling were 30 mother primigravida birth mother. Ho will be tested with a level of significance of 0.05. The statistical test used is Chi Square statistical analysis

RESEARCH RESULTS

Of the 30 primigravida mothers in facing childbirth at TK IV Cijantung Kesdam Jaya Hospital in 2023, majority of respondents anxiety levels were moderate anxiety, it was 43.3% and of therapeutic communication is that the majority of respondents said it was good, it was 60%.

Table 1

Distribution of the frequency Anxiety Levels and Therapeutic Communication of Primigravida Mothers in Facing Childbirth

Anxiety	frekuensi	(%)
No Anxiety	5	16,7
Mild Anxiety	9	30,0
Moderate Anxiety	13	43,3
Severe Anxiety	3	10,0
Communication of Therapeutic		
Good	18	60,0
Not Good	12	40,0

Table 2

The Relationship between Therapeutic Communication and the Anxiety Level of Primigravida Mothers in Facing Childbirth

Communication of Therapeutic	Anxiety										P value
	No Anxiety		Mild Anxiety		Moderate Anxiety		Severe Anxiety		Total		
	N	%	n	%	N	%	n	%	N	%	
Good	5	27,8	9	50,0	4	22,2	0	0	18	100	
Not good	0	0	0	0	9	75	3	25	12	100	0,000

Of the 30 primigravida mothers in facing childbirth at TK IV Cijantung Kesdam Jaya Hospital in 2023 has relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing childbirth at TK IV Cijantung Hospital Kesdam Jaya in 2023 shows that respondents who received good therapeutic communication had more mild levels of anxiety have

9 of 18 people or 50%, while respondents who received therapeutic communication less well, there are more people with moderate levels of anxiety have 9 of 12 people or 75%. From the statistical test results, it was found that P value = 0.000, meaning p value < α (0.05), so it can be concluded that there is a relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing childbirth at TK IV Cijantung Kesdam Jaya Hospital in 2023.

DISCUSSION

The results this studi showed that primigravida mothers in facing childbirth the majority of respondents' anxiety level was moderate was 13 respondents (43.3%), majority of respondents stated that therapeutic communication was good have 18 respondents (60%) and have relationship therapeutic communication with anxiety (P=0,000).

This studi same thing was found in a study conducted by Sri Norlina (2021) which stated that therapeutic communication was significantly related with anxiety (P=0,0006). Rusniawati, et all(2020), the result from research have results of statistical tests using a chi-square with a 2x3 table on the Pearson chisquare, the p-value = 0.014. The p-value

The anxiety experienced by mothers at the beginning of labor is related to various factors related to the birth process. The basic reasons that make mothers anxious about childbirth include pain during delivery, the mother giving birth normally or by Cesario Sesar, whether the baby is born safely or not, whether the mother is safe or not, and costs after delivery. Ways to reduce anxiety in mothers include: midwives providing information and educating mothers to understand clear fears, creating cooperative relationships with companions, being good listeners, showing a sympathetic, helpful and communicative attitude towards mothers who are about to give birth. One effort to reduce this anxiety is to apply maternal loving care which in its application uses therapeutic communication techniques (Maryunani, 2016).

The importance of promoting the detection of women experiencing antenatal anxiety has been reflected in recent clinical guidelines. In the UK, the National Institute for Health and Care Excellence (NICE) guidance on perinatal mental health (NICE,2014) has for the first time recommended considering use of two screening questions (Generalised Anxiety Disorder scale, GAD-2) (Spitzer RL,et all. 2006) for the case-identification of anxiety in pregnant and postnatal women, and the

most recent Scottish guidelines have also called for further research in this area (SIGN,2012). However, the evidence for recommending the GAD-2 is primarily based on its good screening accuracy in the general population (NICE, 2011) with a very limited evidence base in perinatal populations. Although clinical diagnostic

interviews are the optimal method of assessment for anxiety disorders, self-report rating scales such as the GAD-2 are often preferred in busy clinical practice and research because of their brevity (Austin MP, 2004)

The occurrence of pregnancy-specific anxiety has been proposed as a distinct syndrome (Huizink AC, et all, 2004) and a number of studies have investigated this unique anxiety type (Phillips J,et all, 2009) This emerging construct refers to a particular anxiety response related to a current pregnancy, which can include fears and worries around labour and delivery, the health of the baby and expected changes in a woman's role Dunkel Schetter C, et all (2012).

In relation to the 'socio-medical' subscale, one item ('Giving birth') was found to load above the predefined criterion of 0.63 in all studies, thus demonstrating strong evidence of its psychometric properties in assessing a major worry in pregnancy. Another three items showed moderate strength of evidence as they loaded above 0.63 on the 'socio- medical' subscale in all studies apart from one. Specifically, 'Internal examinations' had an item loading coefficient of 0.61 in Gourounti and colleagues, but item loadings above 0.63 in all the other studies; 'Going to hospital' (0.68–0.79), apart from Gourounti and colleagues (0.47) (Gourounti K, et all (2012)); and 'Coping with the new baby' (0.65– 0.68), except for the study by Petersen and colleagues, (Petersen JJ,et all (2009)) in which its loading was 0.58.

CONCLUSION

In accordance with the general objectives stated in the previous chapter that this study was majority of respondents' anxiety level was moderate 43.3%, majority of respondents stated that therapeutic communication was 60% and have relationship therapeutic communication with anxiety (P=0,000).

SUGGESTION

Further to the results of this research, it is hoped that the hospital will improve health services for birthing mothers by managing the implementation of therapeutic communication by midwives in providing care to mothers during labor.
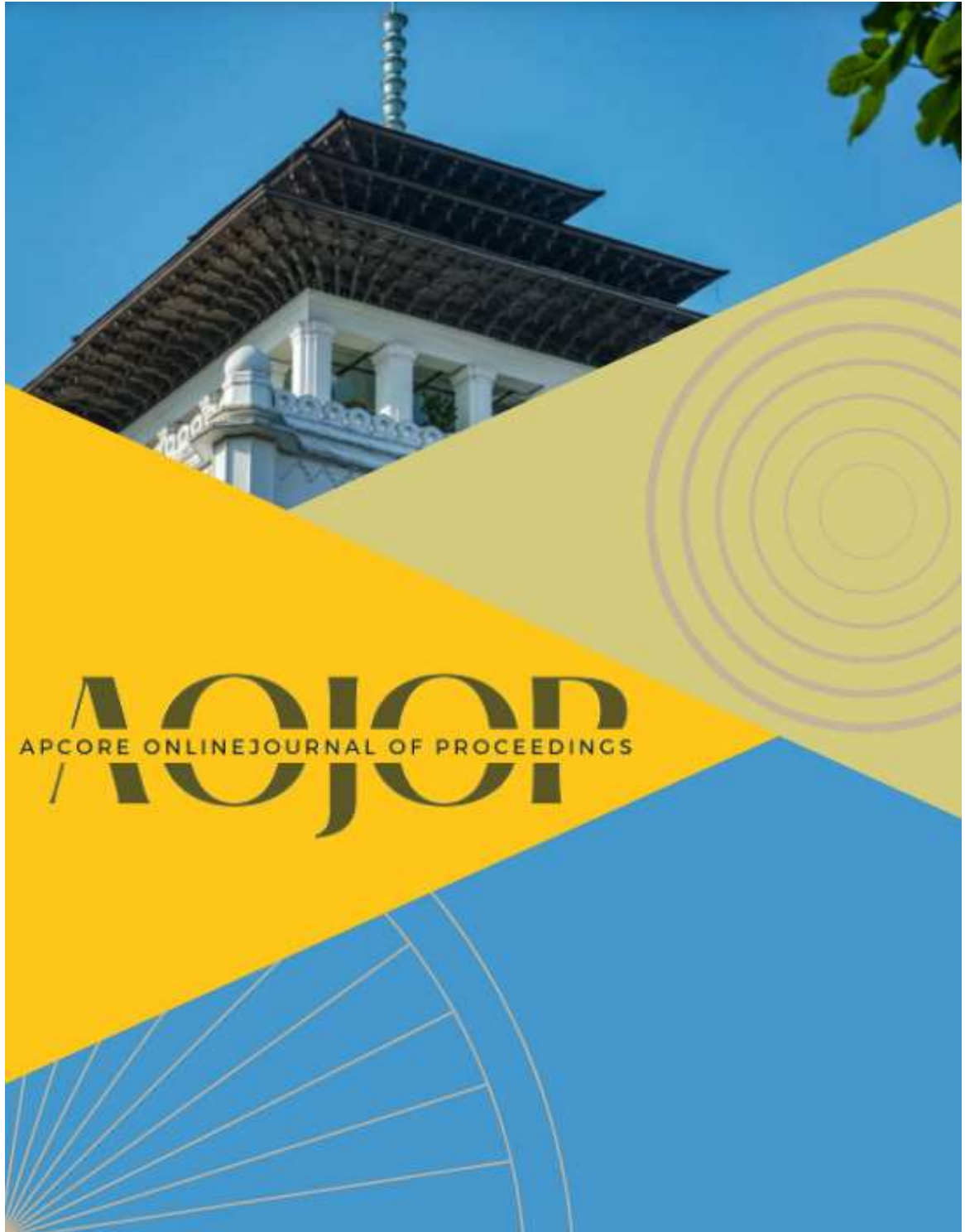
REFERENCES

Ambar Dwi Erawati. Buku Ajar Asuhan Kebidanan Persalinan Normal. EGC; 2011.

Astria Y, Nurbaeti I, Rosidati C. (2009). 'Hubungan Karakteristik Ibu Hamil Trimester III Dengan Kecemasan Dalam Menghadapi persalinan di Poliklinik Kebidanan dan Kandungan Rumah Sakit X Jakarta'. Hubungan Karakteristik Ibu Hamil Dengan Kecemasan Dalam Menghadapi Persalinan

Austin MP. Antenatal screening and early intervention for 'perinatal' distress, depression and anxiety: where to from here? *Arch Womens Ment Health* 2004; 7: 1–

6.

https://pubmed.ncbi.nlm.nih.gov/1496372 7/ Gourounti K, Lykeridou K, Taskou C, Kafetsios K,

Sandall J. A survey of worries of

pregnant women: reliability and validity of the Greek version of the Cambridge Worry Scale. *Midwifery* 2012; 28: 746–53. https://pubmed.ncbi.nlm.nih.gov/22015218/

Hasim, R. P. (2018). Gambaran Kecemasan Ibu Hamil [Universitas Muhammadiyah Surakarta]. http://eprints.ums.ac.id/63124/1/Naskah Publikasi Ilmiah.pdf

Huizink AC, Mulder EJ, Robles De Medina PG, Visser GH, Buitelaar JK. Is pregnancy anxiety a distinctive syndrome? *Early Hum Dev* 2004; 79: 81–91. https://pubmed.ncbi.nlm.nih.gov/15324989/ Hodnett E.D. Patient control during labour. Effects of two types of foetal monitors. *Journal of Obstetric, Gynaecological and Neonatal Nursing.* 1982;11:94–99. https://pubmed.ncbi.nlm.nih.gov/6918605/ Maryunani, A. (2015). Nyeri dalam Persalinan : Teknik dan Cara Penanganannya (1st ed.). Jakarta: Trans Infomedia.

Maryunani, Anik. (2016). Kehamilan dan Persalinan Patologis (Risiko Tinggi dan Komplikasi) Dalam Kebidanan.Jakarta: CV Trans Info Media.

Maimunah S. Kecemasan ibu hamil menjelang persalinan pertama. Jurnal Humanity. 20090;5(1):61–7.

Mochtar R. Sinopsis Obstetri: Obstetri Fisiologi.; 2013.

National Institute for Health and Care Excellence. *Antenatal and Postnatal Mental Health:* *Clinical Management and Service Guidance (CG192).* NICE, 2014

National Institute for Health and Care Excellence. *Common Mental Health Disorders: Identification and Pathways to Care (CG123).* NICE, 2011.

Norlina S. Hubungan Komunikasi Terapeutik Bidan Dengan Kecemasan Ibu Bersalin Di Puskesmas Berangas Kabupaten Barito Kuala Tahun 2021. J Keperawatan Suaka Insa. Published online 2022. doi:10.51143/jksi.v6i2.294

Permatasari A. Penerapan Komunikasi Terapeutik Perawat Dalam Meningkatkan Kepuasan Pasien Di Ruang Rawat Inap RSU Kerdinah Kota Tegal. Pros Interdiscip Postgrad Student Conf 3rd Progr Pascasarj Univ Muhammadiyah Yogyakarta (PPs UMY). Published online 2016.

Potter, Patricia A.; Perry, A. G. (2019). Buku Ajar Fundamental Keperawatan (9th ed.). Jakarta: EGC.

Petersen JJ, Paulitsch MA, Guethlin C, Gensichen J, Jahn A. A survey on worries of pregnant women--testing the German version of the Cambridge worry scale. *BMC Public Health* 2009; 9: 490–98. https://pubmed.ncbi.nlm.nih.gov/20038294/

Phillips J, Sharpe L, Matthey S, Charles M. Maternally focussed worry. *Arch Womens Ment Health* 2009; 12: 409–18. https://pubmed.ncbi.nlm.nih.gov/19626414/

Ramos, Isabel F.; Ross, Kharah M.; Rinne, Gabrielle R.; Sommers, Jennifer A.; Mancuso, Roberta A.; Hobel, Calvin J.; Coussons-Read, Mary.; Shetter, C. D. (2022). Pregnancy anxiety, placental corticotropin-

releasing hormone and length of gestation. Biological Psychology, 172(1), 1–10. https://doi.org/https://doi.org/10.1016/j.bio psy cho.2022.108376

Rusnawati, et all. 2020. The Role of Midwife Therapeutic Communication With Anxiety Levels in Maternity at The Limboro Health Center in 2020. https://e-journal.fkmumj.ac.id/index.php/miphmp/is sue /view/1

Sariati, Y., Windari, E. N., & Hastuti, N. A. R. (2016). Pengaruh Hypnobirthing Terhadap Tingkat Kecemasan Ibu Bersalin Dan Lama Persalinan Di Bidan Praktek Mandiri Wilayah Kabupaten Malang. Jurnal Ilmiah Bidan, 1(3), 35–44. https://ejournal.ibi.or.id/index.php/jib/articl e/vi ew/16

Scottish Intercollegiate Guidelines Network (SIGN). *Management of Perinatal Mood Disorders (127)*. SIGN, 2012.

Silva, M. M. de J., Nogueira, D. A., Clapis, M. J., & Leite, E. P. R. C. (2017). Anxiety in pregnancy: Prevalence and associated factors. Revista Da Escola de Enfermagem, 51, 1–8. https://doi.org/10.1590/S1980-220X2016048003253

Smorti, M., Ponti, L., & Tani, F. (2019). The effect of maternal depression and anxiety on http://jurnalbidankestrad.com/index.ph p/jkk | 94 labour and the well-being of the newborn. Journal of Obstetrics and Gynaecology, 0(0), 1–6. https://doi.org/10.1080/01443615.2018.1536

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Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med* 2006; 166: 1092 – 7. https://pubmed.ncbi.nlm.nih.gov/1671717 1 /

Shodiqoh E R, Fahriani S. 2014. 'Perbedaan Tingkat Kecemasan dalam Menghadapi Persalinan Antara Primigravida dan Multigravida'. Jurnal Berkala Epidemiologi. Surabaya. Universitas Airlangga, Jawa Timur Trisiani D, Hikmawati R, Bhakti S, Bandung K. Hubungan Kecemasan Ibu Hamil Terhadap Kejadian Preeklampsia. J Ilm Bidan. Published online 2016.

Usman FR, Kundre RM, Onibala F. Perbedaan Tingkat Kecemasan Ibu Hamil Menghadapi Persalinan Dengankepatuhan Antenatal Care (Anc) Di Puskesmas Bahukota Manado.

Jurnal Keperawatan. 2016 Feb 1;4(1).

Whing Cheung, et all.2020. Maternal anxiety and feelings of control during labour: A study of Chinese first-time pregnant women. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7130936/

WHO. (2023, February 22). Kematian ibu. Https://Www.Who.Int/News-Room/Fact- Sheets/Detail/Maternal-Mortality.

4. ASUHAN KEBIDANAN KOMPLEMNETER – NIFAS (EFFECTIVENESS OF OXYTOCIN MASSAGE OF BREAST MILK PRODUCTION IN POST PARTUM MOTHERS 0-7 DAYS AT TPMB N EAST JAKARTA, 2023)

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EFFECTIVENESS OF OXYTOCIN MASSAGE OF BREAST MILK PRODUCTION IN POST PARTUM MOTHERS 0-7 DAYS AT TPMB N EAST JAKARTA, 2023

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Abstract

Unsmooth milk production is often a problem for post partum mothers. So that by doing this oxytocin massage technique, the mother will feel relaxed, and will stimulate the release of the oxytocin hormone so that milk production can run smoothly. Objective from study This namely to determine the effect of oxytocin massage on the smooth production of post partum mothers. Method study This that is descriptive analytic with cross sectional method . This research was conducted at PMB N Duren Sawit, East Jakarta. 30 samples were taken, namely 15 samples for the intervention group and 15 samples for the control group. Research results: The results of statistical tests using chi-square , obtained p- value (0.000) <0.05 , which means that there is a significant effect between oxytocin massage on the smooth production of breast milk , the value of t count is 9.693 > t table 2.0484, so it was concluded that there was a difference in the average milk production in mothers who were massaged and who were not massaged . In the intervention group before treatment had an average milk production of 402.66 cc and after treatment it increased to 518.00 cc. It was identified that the fluency of breastfeeding in post partum mothers in the pre-treatment group had an average milk production of 423.33 cc and after treatment it became 424.00 cc. Conclusion: There are differences in the proportion of breastfeeding fluency in the intervention group and the control group. Suggestion: It is hoped that it can be recommended to health workers to provide knowledge and teach families about how to increase milk production in nursing mothers through oxytocin massage.

Keywords : Massage Oxytocin , Breast Milk Production , Post-Partum

Introduction

Water Milk Mother (ASI) Is Food Best For Baby And The only one Food Healthy Which Needed Baby In A number of Month First his life. However, No All Mother Can Give ASI Exclusive To The baby. ASI Exclusive Is ASI Which Given To Child Since Born During Six Month, No Plus Or Replaced With Food And Drink Other (Except Drugs, Vitamin And Mineral)

Process Growth And Development Child going on Very Fast, So that Wholeness Mark nutrition Child Must Enough Guaranteed With supply Water Milk Mother (ASI). gift Baby Which Most Valuable Is ASI. ASI Besides Capable Increase Health And Intelligence kindly Optimal, Also Help Candidate Child Own Stability Emotion, Maturity mentally, And Development Social Which Good 2

Impact To Baby Which No Get ASI Between Other Can Increase Incident Diarrhea, Infection Channel breathing, Otitis Media, meningitis, Infection Channel urinary, Infection Intestines And Baby. More Prone to To Allergy. Child Which No Get ASI Have Possibility 14,2 Time More Big For Die Because Various Disease, Like Diarrhea. Besides That, Baby Which given Milk Formulas More Prone to To Disease Like Infection Channel Respiration, Allergy, Attack Asthma, Decline Intelligence, obesity, Disease cardiovascular, Disease cardiovascular, And Diabetes. Stop Giving Milk Formulas Since Early Increase Risk Pain, stunt, And Death Baby. 2 According to Data Survey Health Demographics National In Indonesia, 54.3% Baby In Lower Age 6 Month Get ASI Exclusive On Year 2019 (SDKI 2019). Data Which Obtained From Notes Health Province DKI Jakarta Show That Number Giving ASI Exclusive On Year 2019 as big as 48.1%, Decrease Become 46.60% On Year 2020. Area With Number Giving ASI Exclusive Which Tall Number Giving ASI Exclusive Highest Is City Jakarta Center With Number 41.7% Temporary Area Other Own Number Giving ASI Exclusive as big as 41.7%. Already Reach Number In On 50%. 1

Wrong One Reason ASI No Go out Is Because ASI No Go out Or More A little. Factor Which Relate With Giving ASI Covers Pattern Eat Mother, Pattern Giving Eat Baby, Frequency Breast-feed, History Health, Factor Psychological, Heavy Body Born, Maintenance Breast, And Form Breast, Labor, Age Pregnancy Moment Born, Smoke, Consumption Alcohol, Giving ASI Which No Appropriate, treat stay, And Use ASI. Contraception. 3 Success Giving ASI Exclusive Very Affected By Production ASI Which Good Since Giving ASI Started. Production ASI Which No Regular On Beginning Breast-feed Is Wrong One Problems Which role Important In motivating Mother giver Milk Formulas For Breast- feed The baby Since Early. 1

Uncover Reason Main Baby No Once Get ASI Is Because ASI No Go out Or Flow No Equally Moment Suckling 65.7%, Child Age 0 Until 5 Month 33.3% given Food Before Breast-feed With Food The most 84.5% That is Milk Formulas, No There is Reason. Achievement ASI Exclusive In Indonesia Affected By A number of Factor, Wrong The only one Is No even Production ASI On A number of Day First After Give birth to Consequence Lack of Stimulation Hormone. Oxytocin And prolactin role In Production Fluid In Body. ASI Should Replaced Or Given In Form Massage Oxytocin. Massage Oxytocin Very Effective Help Stimulate Lactation. 4

Based on survey prenatal in PMB N with 10 person Mother childbirth obtained that: 5 person breast-feed on day the 3rd, 3 person breast-feed on day 2nd, 2 person breast-feed on day First And 5 person breast-feed the baby on day First. a number of person own A little milk, 5 person own Lots milk. ASI Which No regular on beginning lactation is Wrong One factor main Which motivating Mother For breast-feed the baby since age early. By Because That researcher want to know is there influence massage oxytocin to production ASI on Mother 0-7 day childbirth in PMB N durian palm Jakarta East year 2023.

Methods

This Study use method is analytic with cross-sectional approach . The research design used was a two-group design approach , where in this study the authors compared the results of observations in the treatment group to a control group that was similar but not necessarily the same group . The sample of this study was postpartum in TPMB N as many as 30 respondents.

This study used a sampling technique that is aimed at sampling . The type of data used in this study used primary and secondary data. The study was conducted at TPMB N. The data were analyzed using the Paired T- Test .

Results

Table 1
The average distribution of respondents based on the fluency of breastfeeding in breastfeeding mothers before and after oxytocin massage was carried out in the intervention group at the Independent Midwife Practice N, East Jakarta 2023 (n=30)

Control Group	Before	After
Average value	423,333	424,000
Min Value	380,000	370,000
Maximum Value	460,000	460,000
Difference before - after		0.67
Intervention Group	Before	After
Average value	402.6667	518,0000
Min Value	350.00	460.00
Maximum Value	450.00	560.00
Difference before - after		120.67
Number of Respondents	15	15

Source: Primary Data 2023

Based on Table 1 shows the average smoothness of breastfeeding before and after in the control group those who did the oxytocin massage , an average before 423,333cc and after with an average of 424,000 cc . The average value of the fluency of breastfeeding before and after the intervention group who performed oxytocin massage , where the average before was 402,667 cc and after with an average of 518,000 cc . Based on the table above, it is known that the amount of data on the results of breast milk production for the group that did massage and did not do massage was 15 people. The average milk production or Mean for the massage group was 120.67 while the milk production that was not massaged was 0.67. Thus, statistically descriptive, it can be concluded that there is an average difference in the amount of breast milk production between mothers who receive massage and those who do not.

Table 2
Independent Bivariate Analysis Test Table

| Breastfeeding | Average value | | Differen ce | P- value |
	Before	After		
control group	423,333	424,000	0.6667	0.000
intervention group	402.6667	518,0000	120,667	

From table 2 it is known that the value of Sig. (2-tailed) of 0.000 <0.05, then as a basis for decision making in the independent sample t-test it can be concluded that H0 is rejected and Ha is accepted. Thus it can be concluded that there was a significant difference between the average milk production I in mothers who were massaged (intervention group and mothers who were not massaged (control group) .

Furthermore, from the output table above , it is known that the Mean Difference value is 120,000. this value shows the difference between the average milk production of mothers who were massaged and mothers who were not massaged 120.67-0.67 = 120,000 and the difference between the two was 94,640-145,360 (95% Confidence Interva of the Difference Lower Upper).

From the table above, it is known that the t count value is 9.693 > t table 2.0484, so based on the basis of decision making through a comparison of the t count value with t table it can be concluded that H0 is rejected and Ha is accepted, which means there is a difference in the average milk production in mothers who are massaged or who are not massaged.

Discussion

From the results study This can seen that the effect of oxytocin massage on the smooth breastfeeding of breastfeeding mothers in the control group and the intervention group , the results obtained from the study were that of 30 respondents, the smoothness of breastfeeding before treatment was obtained. The average range of breastfeeding in the control group was 0.6667cc with a standard deviation of 8.837 and a standard error 2,28. While the average in the intervention group ranged ASI with an average value of 120 , 667cc with a standard deviation of 47 , 126 with a standard error of 12 , 1 6. Based on statistical tests, the p value was obtained < 0.05 (0.000), which means that there is a significant difference significant difference between the smoothness of breastfeeding in the intervention group and the control group after the oxytocin massage treatment.

Research results This in accordance with Roesli (2019) , which states that the smoothness of breastfeeding in the control group and the intervention group can be seen that in the control group, which was only observed and did not do oxytocin massage, most of the respondents' milk production was not smooth, while in the intervention group, most of the oxytocin massages were Respondents expressed smooth breastfeeding so that it can be concluded that there was an effect of oxytocin massage on the smoothness of breastfeeding in primiparous mothers at the Balita Posyandu in Jatinegara, Cakung District, East Jakarta.

According to researchers, fluency can be caused by several factors thought to be the cause of babies not getting breast milk properly, one of which is the mother's knowledge factor. Mother's reluctance to breastfeed Mother's concern

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about breast changes after breastfeeding, pain during breastfeeding, fatigue during breastfeeding, and feeling that her milk is not enough causes a decrease in milk production. Breast milk expenditure can be influenced by two factors, namely production and expenditure. Milk production is influenced by the hormone prolactin while expenditure is influenced by the hormone oxytocin. The oxytocin hormone will come out through stimulation of the nipples through sucking the baby's mouth or through massage on the baby's mother's spine, by doing massage on the spine the mother will feel calm, relaxed, increase the pain threshold and love her baby, so that the oxytocin hormone comes out and Breast milk comes out quickly.

Oxytocin massage is one solution to overcome the uneven production of breast milk. Massage is massage along the spine (vertebrae) to the fifth-sixth costal bones and is an attempt to stimulate the hormones prolactin and oxytocin after childbirth. 2 This massage functions to increase the hormone oxytocin which can calm the mother, so that breast milk comes out automatically. With massage in the spinal area it will also relax tension and relieve stress and so the oxytocin hormone will come out and will help expel breast milk, assisted by sucking the baby on the nipples immediately after the baby is born with normal baby conditions, dripping colostrum or discharge is a sign of active oxytocin reflex .

This is in accordance with research conducted by Eko (20 2 1), showing that a combination of guinea pig techniques and oxytocin massage can increase milk production. Oxytocin massage can be done whenever the mother wants with a duration of 3-5 minutes, it is more advisable to do it before breastfeeding or expressing milk. So to get the optimal and good amount of breast milk, oxytocin massage should be done every day with a duration of 3- 5 minutes.

The results of Endah's research (20 2 1), showed that colostrum excretion in the treatment group averaged 5.8 hours, while the length of time for the control group was an average of 5.89 hours. The amount of colostrum secreted by the treatment group was an average of 5.333 cc, while the control group was an average of 0.0289 cc. Oxytocin massage has an effect on the amount of colostrum production with a P value of 0.009, and oxytocin massage has no effect on the length of time expelling colostrum in post-partum mothers .

Conclusion

Statistical test results using chi-square , obtained p- value (0.000) <0.05, which means that there is a significant effect between oxytocin massage on the smooth production of breast milk, the t value is 9.693 > t table 2.0484, so it was concluded that there was a difference in the average milk production in mothers who were massaged and who were not massaged . In the intervention group before treatment had an average milk production of 402.66 cc and after treatment it increased to 518.00 cc. It was identified that the fluency of breastfeeding in post-partum mothers in the pre-treatment group had an average milk production of 423.33 cc and after the treatment it became 424.00 cc .

Acknowledgments

Reference

Ministry of Health of the Republic of Indonesia. Indonesia Health Profile 2019. Jakarta:

Roesli. Early Breastfeeding Plus Exclusive Breastfeeding Initiation. Jakarta: Bund Library

Haryono R, Setianingsih, S. 2014. Benefits of Exclusive Breastfeeding for Your Baby. Yogyakarta: Gosyen Publishing.

Pilaria, E., Sopiatun, R., & Kunci, K. (2018). The Effect of Oxytocin Massage on Postpartum Mother Breast Milk Production at Pejeruk Community Health Clinic of Mataram City in 2017. Yarsi Journal of Medicine, 26(1), 27–33.

Parinasia. (2014) Lactation Management. Jakarta: Gramedia, p. 115-122.

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